Published in final edited form as:

Sex Transm Dis. 2018 March ; 45(3): 189–194. doi:10.1097/OLQ.0000000000000724.

The Interaction of Sexual Validation, Criminal Justice Involvement and STI Risk among Adolescent and Young Adult Males

Pamela A. Matson, PhD^a, Vivian Towe, PhD^b, Jonathan M. Ellen, MD^c, Shang-en Chung, MS^a, and Susan G. Sherman, PhD^d

^aDepartment of Pediatrics, Johns Hopkins School of Medicine, Baltimore, MD, USA

^bRAND Corporation, Arlington, VA, USA

^cJohns Hopkins All Children's Hospital, St. Petersburg, FL, USA

^dDepartment of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

Abstract

Background—Young men who have been involved with the criminal justice system are more likely to have concurrent sexual partners, a key driver of sexually transmitted infections. The value men place on having sexual relationships to validate themselves may play an important role in understanding this association.

Methods—Data were from a household survey. Males, aged 16–24 ($N = 132$), self-reported whether they ever spent time in jail or juvenile detention and if they had sexual partnerships that overlapped in time. A novel scale, “Validation through Sex and Sexual Relationships (VTSSR)” assessed the importance young men place on sex and sexual relationships ($\alpha=0.91$). Weighted logistic regression accounted for the sampling design.

Results—The mean (standard deviation) VTSSR score was 23.7 (8.8) with no differences by race. Both criminal justice involvement (CJI) [$OR=3.69$, 95% CI: 1.12, 12.1] and sexual validation [$OR=1.10$, 95% CI: 1.04, 1.16] were associated with an increased odds of concurrency, however, CJI did not remain associated with concurrency in the fully adjusted model. There was effect modification; CJI was associated with concurrency among those who scored high on sexual validation [$OR=9.18$, 95% CI: 1.73, 48.6]; however, there was no association among those who scored low on sexual validation. Racial differences were observed between CJI and concurrency, but not between sexual validation and concurrency.

Conclusions—Sexual validation may be an important driver of concurrency for males who have been involved with the criminal justice system. Study findings have important implications on how sexual validation may explain racial differences in rates of concurrency.

Corresponding author: Pamela A. Matson, PhD MPH, 200 N. Wolfe St, Rm 2025, David M. Rubenstein Child Health Building, Baltimore, MD 21287, Phone: (410) 614-5281, Fax: (410) 502-5440, pmatson@jhmi.edu.

None of the authors have potential conflicts of interest, real or perceived.

Keywords

sexual validation; concurrency; incarceration; criminal justice; males; romantic relationships; sexually transmitted infections; adolescent

Introduction

In the United States, impoverished adolescents and young adults experience persistent high rates of sexually transmitted infections (STI) and incarceration.^{1,2} Youth who have been involved with the criminal justice system are more likely to be infected with an STI^{3,4} and to engage in STI risk behaviors.^{5,6} One explanation for the link between incarceration and STIs is related to sexual concurrency, or overlapping sex partners, a known driver of incident STI infections in a population.⁷ While studies have found a correlation between incarceration and multiple sexual partners, there persists a lack of understanding of the mechanism by which these are linked. It has been suggested that this association is driven by an individual's proclivity toward risk.⁸ However, Khan and colleagues propose that arrest and incarceration disrupt sexual networks and facilitate multiple sexual partners.⁶ While sex network disruption may be a necessary factor, there may be other factors that must also exist to cause sexual concurrency. One such factor may be the value men place on having sex and sexual relationships to validate themselves. There is wide variation among men on the importance of sexual relationships in authenticating their gender identity. Gender identity is a culturally constructed process by which individuals develop a sense of gendered self and it is heavily influenced by societal views of masculinity and femininity.⁹ At its extreme, masculinity is associated with sexual prowess, an emphasis placed on seductive capabilities or sexual ability, and having many sexual partnerships – characteristics associated with HIV/STI risk. Young men who place a high importance on multiple sexual relationships may be more likely to react to incarceration and destabilization of their social and sexual networks with new sexual relationships than those who place less importance on sexual relationships as a means of validation. It is age appropriate to move toward more stable, committed relationships over the course of adolescence and into young adulthood.¹⁰ Incarceration disrupts this normal developmental process, where intimacy and commitment are important, by removing individuals from their relationships. Adolescents who place a high importance on sex and sexual relationships may not put their efforts into rebuilding a relationship that has been interrupted by incarceration, but rather look for additional partners. At the individual level, incarceration may lead to the de-valuing of relationships and patterns of sexual concurrency.

Criminal justice involvement (CJI) is experienced disproportionately by young African American men.¹¹ Therefore, young African American men are more likely to have their relationships disrupted than young White men. Concurrency has been found to be highly prevalent among African American men.¹² Whitehead has placed this high prevalence in the historical socio-cultural context of the United States in which the economic capacity of African American men was restricted, leading to an emphasis on sexual prowess as a means of expressing masculinity.⁹ Young African American men who place a high value on sex may be more likely to respond to incarceration with multiple sexual partners as a way of

reinforcing their sexual prowess and strengthening their sense of gender identity following this period of confinement and isolation from social networks and romantic partners.^{9,13} It may be important to explore how sexual validation may explain racial differences in rates of concurrency.

The goals of this study were to examine the associations between CJI, sexual validation and engaging in sexual concurrency in a household sample of young males; and to examine differences by race. We hypothesized that the association between CJI and concurrency may, in part, be explained by the importance young men place on sex and sexual relationships [Figure 1]. We focused on young men because young men are most affected by the criminal justice system.

Materials and Methods

Design

A detailed description of methods has been published previously.¹⁴ Data were collected as part of a longitudinal household study conducted in Baltimore, Maryland from February 2011 through May 2013. The target population consisted of African American and White, English speaking, sexually active persons between the ages of 15 and 24 who resided in Baltimore City. We employed a stratified sampling design in which sampling strata were census block groups (CBG) to allow for oversampling in areas with high concentrations of the target population. Households were selected based on a probability-based sample of residential mailing addresses within each CBG. Households were randomly chosen to represent low and middle socioeconomic status (SES) neighborhoods with majority White or African American populations. Parent education was used as the indicator of SES, where high SES was defined as having a parent with a college education. Ninety-eight percent of CBGs in Baltimore were included in the sampling frame, with 2% excluded owing to no households or insufficient education data. Non-linear optimization procedures were employed to over-sample addresses in CBGs with concentrations of White young adults and those with concentrations of parents with at least some college education.

To enable reliable estimation of the target population parameters, interview weights were calculated for all respondents. Household weights account for different selection probabilities due to the sampling allocation and for differential screening response propensities, and adjusted for the number of eligible persons per household, and subsampling of African American, no college (i.e. low SES) households. Final interview weights were calculated by post-stratifying preliminary weights to estimated target population totals by sex and race/ethnicity. Sampling strata were collapsed to allow for design-consistent estimation. The study was approved by the Institutional Review Board of the Johns Hopkins Bloomberg School of Public Health.

Data Collection

All sampled households received a lead letter describing the study two weeks before the households were contacted for enumeration. Enumeration was conducted by telephone for households with available phone numbers (33%) or, if not, in person by trained research

assistants. If age-eligible individuals lived within the household, eligibility screening was conducted. If more than one age-eligible person was present, one was randomly selected for screening. Parental/guardian informed consent and adolescent informed assent was conducted with individuals younger than 18 years and informed consent was conducted for individuals over 18 years. The study had a weighted acceptance rate of 73.5%. Consenting individuals were enrolled and research assistants administered an audio computer-assisted self-interview (A-CASI) in a private setting. The A-CASI captured demographics and sexual histories, including individual- and partner-specific STI risk behaviors. For each sex partner named in the last 90 days, participants were asked to report on the same, or similarly specific, questions about their sex partners' behavior.

Measures

Validation Through Sex and Sexual Relationships Scale: The Validation Through Sex and Sexual Relationships Scale (VTSSR) is a 12-item scale that assesses the importance placed on sex and sexual relationships. All VTSSR items were written to assess whether a person (1) feels validated by engaging in sexual activities or (2) perceives validation from their peers when they engage in sexual activities. The items (Table 1) are statements with 4-item Likert scale response options ranging from 1 ("strongly agree") to 4 ("strongly disagree"). The scale previously demonstrated evidence of construct validity as hypothesized associations between higher scale scores and risky sexual behaviors were observed among a sample of men from high poverty urban areas in Baltimore.¹⁵ The VTSSR showed high reliability in the current sample (Cronbach's $\alpha = 0.91$).

Criminal Justice Involvement: CJI history was assessed by asking participants separately if they have ever spent time in jail, juvenile detention center, or correctional facility with response options of yes or no. A response of yes to any of these questions was then coded as having a history of CJI. Arrest history alone without time spent in jail or a correctional facility was not included in this measure.

Concurrency: For each sex partner named in the last 90 days, participants were asked about partner characteristics and partner-specific behaviors. Sexual concurrency was assessed by asking participants "Did you have sex (meaning ONLY anal or vaginal sex) with anyone else while you were seeing [current main partner]?" with response options of yes or no.

Statistical Analyses—The post-stratified weights were used in all analyses to ensure that gender and race domains were appropriately represented in the weighted estimates by adjusting to census totals. VTSSR scale items were reverse coded for higher scores to represent higher sexual validation. To examine moderation, the VTSSR was dichotomized into high/low sexual validation based on the median split. Weighted logistic regressions were used to compare the difference in demographic, sexual and behavioral characteristics between males who did and did not have a CJI history. Participant's age, race and high school drop-out status were added into the multivariable analyses. Weighted logistic regression was used to test the association between CJI, sexual validation and sexual concurrency and for all stratified models. All analyses were performed using SAS v9.2.

Results

Table 2 presents weighted means and percentages for male participants' (N=132) sociodemographic characteristics stratified by sexual validation. Participants were on average 20.2 (standard deviation [SD] = 0.28) years old; 72.5% African American. The majority completed high school or GED (52.3%), with a small percent having dropped out of high school (8.7%). The mean (sd) age at first sex was 14.5 (0.2) years and the majority (54.4%) reported having two or more sex partners in the preceding six months. Twenty-nine out of 132 participants had a history of CJI. Almost 19% of participants with no CJI history had been arrested. There were no significant differences in participant characteristics by CJI history except for concurrency, which was more prevalent among those with a history of CJI (48.9 vs. 20.2%, $p = 0.03$).

Young men in this study reported a mean (sd) [median] sexual validation (VTSSR) score = 23.7 (8.8) [22.5], range 12–48. Those who scored high on sexual validation had a higher prevalence of depressive symptoms, index concurrency, having one sex partner versus no sex partner in the past 6 months, as well as recent alcohol and marijuana use [Table 2]. Fifty-nine percent of African American males scored below the median on the VTSSR compared to 38.5% of White males, although the difference was not statistically significant ($p = 0.12$). Placing high value on sexual relationships was not associated with having a history of CJI [Odds Ratio (OR) = 1.00, 95%CI: 0.94, 1.07].

Table 3 presents the unadjusted and adjusted associations between CJI, sexual validation and concurrency. In bivariate analyses, every additional point on the sexual validation scale was associated with a ten percent increased odds of engaging in sexual concurrency [OR = 1.10, 95%CI: 1.04, 1.16]. Similarly, having a history of CJI was strongly associated with sexual concurrency [OR = 3.69, 95%CI: 1.12, 12.1]. The magnitude of the association between sexual validation and concurrency increased after controlling for criminal justice involvement, race, age, high school drop-out, substance use and mental health [OR = 1.14, 95%CI: 1.04, 1.26]; whereas, CJI was no longer significantly associated with concurrency in the fully adjusted model [OR = 1.04, 95%CI: 0.20, 5.33].

To examine the moderating role of sexual validation, we stratified the sample by sexual validation score (high vs. low). As shown in table 4, having a history of CJI was positively and significantly associated with sexual concurrency among those who scored high on sexual validation (N = 65) [OR = 9.18, 95%CI: 1.73, 48.6]; however, there was no statistically significant association between history of CJI and sexual concurrency among those who scored low on sexual validation (N = 65) [OR = 1.53, 95%CI: 0.23, 10.3].

We examined the association between sexual validation and concurrency stratified by race [Table 5]. An increase on the sexual validation scale was associated with an increased odds of engaging in sexual concurrency for both African American [OR = 1.12, 95%CI: 1.04, 1.20] and White males [OR = 1.25, 95%CI: 1.05, 1.48]. However, the association between CJI and concurrency was modified by race. Among African American males, having a history of CJI was strongly associated with engaging in sexual concurrency [OR =

4.51, 95%CI: 1.20, 16.9]. whereas among White males, having a history of CJI was not associated with engaging in sexual concurrency [OR = 0.33, 95% 0.03, 3.79].

Discussion

Understanding the importance young men place on sex and sexual relationships provides a critical link that has been missing from our understanding of the relationship between criminal justice involvement and sexual concurrency. Consistent with what has been reported previously, we found a strong association between criminal justice involvement and having concurrent sexual partners in this household sample of adolescent and young adult males.¹⁶ However, this association no longer held after accounting for the importance young men placed on sex and sexual relationships; providing unique insight into the mechanism by which incarceration and sexual concurrency are associated.

The VTSSR was created to assess whether a person feels validated or perceives validation from their peers when they engage in sexual activities, and to explore how sexual validation is related to STI risk.¹⁵ We found that young men who place great importance on sex and sexual relationships were much more likely to engage in sexual concurrency. In addition, our data supported our hypothesis that sexual validation plays an important role in concurrency for males who have been incarcerated. For young men who have been incarcerated, those who placed a high importance on sex and sexual relationships were more likely to engage in sexual concurrency, putting themselves and their partners at risk for HIV and other STI. CJI was not associated with concurrency among young men who scored low on sexual validation. Results from this study may help to explain the mixed findings on rates of young men's risky sexual behavior following incarceration as we have shown heterogeneity in the value placed on sex and sexual relationships.^{17,18}

Sexual validation was associated with concurrency in both African American and White youth, emphasizing the importance of addressing masculinity and gender role ideologies in the sexual domain for both groups. Men experiencing unfulfilled gender ideologies may focus on sex as a means of acquiring power as it may be more under their individual control than economic or political power.⁹ Despite there being no differences in sexual validation scores between White and African American youth, CJI was associated with concurrency only for African American youth. Gender role ideologies in the sexual domain are thought to be particularly salient for African American males living in impoverished communities as they have limited opportunity to achieve the standards of masculinity in economic and political domains.^{12,13,19} As African American males are disproportionately involved in the criminal justice system,¹¹ those who place a high value on sex and sexual relationships may be at increased risk of HIV and other STI.

It has been suggested that in order to create more effective STI interventions for at-risk individuals, it is important to identify the cultural and societal context in which individuals make sexual decisions.²⁰ By understanding the importance young men place on sex, sexual relationships, and their perceived sexual norms, we have an improved understanding of the influence of these factors on their sexual behaviors. It should be noted that the prevalence of incarceration among whites in this sample was higher than expected from National data.²¹

These findings may indicate the broader context facing all youth in Baltimore. As discussed by LaVeist, “When whites are exposed to the health risks of a challenging urban environment their health status is compromised similarly to that of blacks, who more commonly live in such communities.”²² However, our findings have enduring implications on the disparities that result from differences in the perception of deeply held assumptions and limited opportunities internalized by youth who have been involved in the criminal justice system that have significant implications on health and health behaviors.²³ Disadvantaged youth adapt to their environment.²⁴ In the absence of economic and political opportunities, youth who have been disproportionately incarcerated are left with sexual opportunities to reclaim their gender ideologies and a sense of internal power.²⁵ Developing a critical consciousness, or an awareness of social oppression, among CJI youth may be one intervention strategy that empowers young men to free themselves from feeling the need to over-compensate for the disempowering experience of CJI through sex.²⁶

While this study improves our understanding of the relationship between CJI and STI risk among young men, our findings should be interpreted in light of several limitations. This was a cross-sectional study and any associations cannot be inferred as causal relationships. These findings come from a relatively small sample of adolescent and young adult males, which resulted in wide confidence intervals and limited our ability to examine associations further within subgroups. While findings may not generalize to rural or suburban populations, we expect they are relevant for other urban populations. Our measure of CJI was limited in that it did not capture length or multiple experiences of incarceration, both opportunities for future research. While the interview asked about experience with jail, juvenile detention center, or correctional facility separately, these outcomes were combined in the analysis due to small numbers; however, the type of facility may impact relationships differently. Further, we were not able to separate concurrent vaginal from concurrent anal sex, behaviors which can confer different types of STI risk. Finally, while we found the mean VTSSR score for males in this sample was low relative to the range, we do not have additional samples for comparison. Widespread use of the VTSSR scale will help to establish relative values and to further validate the scale.

An increasing number of juveniles experience the criminal justice system, which poses significant public health problems, particularly for communities who experience a disproportionate rate of their youth in detention.²⁷ Ascribing to less rigid gender ideologies and reducing the importance youth place on sex and having multiple sexual relationships may be a source of resilience.²⁸ In addition to the need for policies that move away from the incarceration of youth,²⁹ interventions designed to change the ideology of masculinity have been successful in other countries.^{13,30} Findings from this study suggest that similar approaches may be needed to reduce the importance young men place on sex over their own health.

Acknowledgments

This study was supported by the National Institute of Child Health and Human Development (NICHD R01HD057789; PI Sherman), the Johns Hopkins Center for AIDS Research (JHU CFAR; NIAID P30AI094189; PI Chaisson) and the National Institute of Drug Abuse (NIDA K01DA035387; PI Matson).

References

1. Centers for Disease Control and Prevention. 2013 Sexually Transmitted Diseases Surveillance. 2013
2. Hogben M, Leichliter JS. Social determinants and sexually transmitted disease disparities. *Sexually transmitted diseases*. 2008; 35(12):S13–S18. [PubMed: 18936725]
3. Khan MR, Rosen DL, Epperson MW, et al. Adolescent criminal justice involvement and adulthood sexually transmitted infection in a nationally representative US sample. *J Urban Health*. 2013; 90(4):717–728. [PubMed: 22815054]
4. Wiehe SE, Barai N, Rosenman MB, Aalsma MC, Scanlon ML, Fortenberry JD. Test positivity for chlamydia, gonorrhea, and syphilis infection among a cohort of individuals released from jail in Marion County, Indiana. *Sex Transm Dis*. 2015; 42(1):30–36. [PubMed: 25504298]
5. Canterbury RJ, McGarvey EL, Sheldon-Keller AE, Waite D, Reams P, Koopman C. Prevalence of HIV-related risk behaviors and STDs among incarcerated adolescents. *Journal of Adolescent Health*. 1995; 17(3):173–177. [PubMed: 8519785]
6. Khan MR, Epperson MW, Mateu-Gelabert P, Bolyard M, Sandoval M, Friedman SR. Incarceration, Sex With an STI- or HIV-Infected Partner, and Infection With an STI or HIV in Bushwick, Brooklyn, NY: A Social Network Perspective. *American Journal of Public Health*. 2011; 101(6): 1110–1117. [PubMed: 21233443]
7. Morris M, Kretzschmar M. Concurrent partnerships and the spread of HIV. *AIDS*. 1997; 11(5):641–648. [PubMed: 9108946]
8. Aalsma MC, Tong Y, Wiehe SE, Tu W. The Impact of Delinquency on Young Adult Sexual Risk Behaviors and Sexually Transmitted Infections. *Journal of Adolescent Health*. 2010; 46(1):17–24. [PubMed: 20123253]
9. Whitehead TL. Urban Low-Income African American Men, HIV/AIDS, and Gender Identity. *Medical Anthropology Quarterly*. 1997; 11(4):411–447. [PubMed: 9408898]
10. Collins WA, Welsh DP, Furman W. Adolescent romantic relationships. *Annu Rev Psychol*. 2009; 60:631–652. [PubMed: 19035830]
11. Blumstein, A. Racial Disproportionality in Prison. In: Bangs, R., Davis, LE., editors. *Race and Social Problems: Restructuring Inequality*. New York, NY: Springer New York; 2015. p. 187–193.
12. Adimora AA, Schoenbach VJ, Doherty IA. Concurrent Sexual Partnerships Among Men in the United States. *American Journal of Public Health*. 2007; 97(12):2230–2237. [PubMed: 17971556]
13. Bowleg L, Teti M, Massie JS, Patel A, Malebranche DJ, Tschann JM. ‘What does it take to be a man? What is a real man?’: ideologies of masculinity and HIV sexual risk among Black heterosexual men. *Cult Health Sex*. 2011; 13(5):545–559. [PubMed: 21390949]
14. Hebert LE, Lileston PS, Jennings JM, Sherman SG. Individual, Partner, and Partnership Level Correlates of Anal Sex Among Youth in Baltimore City. *Archives of Sexual Behavior*. 2015; 44(3): 619–629. [PubMed: 25583375]
15. Towe, VL. Psychosocial factors and risky sexual behaviors among men and women having heterosexual sex in low income neighborhoods. Baltimore, MD: The Johns Hopkins University; 2009.
16. Rogers SM, Khan MR, Tan S, Turner CF, Miller WC, Erbeling E. Incarceration, high-risk sexual partnerships and sexually transmitted infections in an urban population. *Sexually Transmitted Infections*. 2012; 88(1):63. [PubMed: 22250181]
17. MacGowan RJ, Margolis A, Gaiter J, et al. Predictors of risky sex of young men after release from prison. *International Journal of STD & AIDS*. 2003; 14(8):519–523. [PubMed: 12935380]
18. Ricks JM, Crosby RA, Terrell I. Elevated Sexual Risk Behaviors Among Postincarcerated Young African American Males in the South. *American Journal of Men’s Health*. 2014; 9(2):132–138.
19. Wilson WJ. Race, class and urban poverty: A rejoinder. *Ethnic and Racial Studies*. 2003; 26(6): 1096–1114.
20. Reif S, Geonnotti KL, Whetten K. HIV Infection and AIDS in the Deep South. *American Journal of Public Health*. 2006; 96(6):970–973. [PubMed: 16670228]
21. Bonczar TP. Prevalence of Imprisonment in the US Population, 1974–2001. 2003

22. LaVeist T, Pollack K, Thorpe R Jr, Fesahazion R, Gaskin D. Place, not race: disparities dissipate in southwest Baltimore when blacks and whites live under similar conditions. *Health Aff (Millwood)*. 2011; 30(10):1880–1887. [PubMed: 21976330]
23. Windsor L, Pinto RM, Benoit E, Jessell L, Jemal A. Community Wise: The Development of an Anti-Oppression Model to Promote Individual and Community Health. *Journal of Social Work Practice in the Addictions*. 2014; 14(4):402–420.
24. Wilson, WJ. *The truly disadvantaged: The inner city, the underclass, and public policy*. University of Chicago Press; 2012.
25. Amaro H, Raj A. On the margin: power and women's HIV risk reduction strategies. *Sex Roles*. 2000; 42(7/8):723–749.
26. Harper GW, Tyler AT, Bruce D, Graham L, Wade RM, the Adolescent Trials Network for HIVAI. Drugs, Sex, and Condoms: Identification and Interpretation of Race-Specific Cultural Messages Influencing Black Gay and Bisexual Young Men Living with HIV. *American Journal of Community Psychology*. 2016; 58(3–4):463–476. [PubMed: 27883219]
27. Dumont DM, Brockmann B, Dickman S, Alexander N, Rich JD. Public health and the epidemic of incarceration. *Annual review of public health*. 2012; 33:325–339.
28. Teti M, Martin AE, Ranade R, et al. “I’m a keep rising. I’m a keep going forward, regardless”: exploring Black men’s resilience amid sociostructural challenges and stressors. *Qual Health Res*. 2012; 22(4):524–533. [PubMed: 21911505]
29. Van Ness, DW., Strong, KH. *Restoring justice: An introduction to restorative justice*. Routledge; 2014.
30. Pulerwitz J, Michaelis A, Verma R, Weiss E. Addressing Gender Dynamics and Engaging Men in HIV Programs: Lessons Learned from Horizons Research. *Public Health Reports*. 2010; 125(2): 282–292. [PubMed: 20297757]

Short Summary

A household study found that the importance young men place on sex and sexual relationships may be an important driver of STI risk for males with criminal justice system involvement.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Figure 1.

Conceptual framework illustrating the moderating effect of sexual validation on the influence of criminal justice involvement on sexual concurrency. The study hypothesizes that those who gain validation through their sexual relationships may be more vulnerable to potential destabilizing effects of incarceration on their relationships than those who do not gain validation through their sexual relationships.

Table 1Validation Through Sex and Sexual Relationships Scale Items ($\alpha = 0.91$)

My friends respect me more when I am in a sexual relationship.
I feel better about myself when I am in a sexual relationship.
My friends encourage me to have sexual relationships.
My friends think something is wrong with me if I am not having sex regularly.
The more people I am having sex with, the better I feel about myself.
Having sex early in the relationship is a good way to keep the other person around.
My friends encourage me to find a sexual partner when we go to a club or bar.
I do not think positively about myself when I am not having sex regularly.
I sometimes feel envious of other people in sexual relationships when I am not in one.
I am a more complete person when I am in a sexual relationship.
I feel like there is a lot of pressure to be in a sexual relationship.
Having a boyfriend or girlfriend makes me feel more valuable.

Table 2

Characteristics of Male Participants (weighted mean/percentages): N=132

	Total (N = 132)	High sexual validation (n=65)	Low Sexual validation (n=65)	p-value
	N (%)	N (%)	N (%)	
Ethnicity				
African American	80 (72.5)	33 (66.3)	46 (80.0)	0.12
White	52 (27.5)	32 (33.7)	19 (20.0)	–
Age, mean (sd), n=131	20.2 (0.28)	20.2 (0.31)	20.0 (0.42)	0.67
High school Education (participant)				
Currently in HS	41 (39.0)	17 (30.8)	23 (47.2)	–
HS/GED	79 (52.3)	43 (64.0)	36 (42.8)	–
HS drop out	12 (8.7)	5 (5.2)	6 (10.0)	0.38
Sexual Identity (n=125)				
Heterosexual	108 (87.4)	55 (85.2)	51 (89.1)	0.60
Bisexual	6 (3.1)	4 (3.7)	2 (2.6)	–
Homosexual/Transgender	11 (9.5)	5 (11.1)	6 (8.3)	–
Guardian education ^a , n=131				
HS	46 (46.1)	25 (49.1)	20 (42.4)	–
>HS	85 (53.9)	39 (50.9)	45 (57.6)	0.57
SES * Ethnicity, n=131				
High SES, White	34 (16.0)	19 (18.5)	15 (14.2)	–
Low SES, White	17 (11.4)	12 (15.0)	4 (5.8)	0.42
High SES, African American	51 (37.9)	20 (32.4)	30 (43.4)	0.33
Low SES, African American	29 (34.7)	13 (34.1)	16 (36.6)	0.59
Depressive symptoms [CES-D 16], n=128	53 (44.4)	34 (59.6)	19 (28.3)	0.01 *
Age of first vaginal sex, mean (sd), n=121	14.5 (0.23)	14.9 (0.37)	14.1 (0.27)	0.18
Number of sexual partners past 6 months *				
0	23 (13.2)	6 (6.4)	16 (18.9)	–
1	53 (32.4)	29 (38.0)	24 (28.1)	0.03 *
2	56 (54.4)	30 (55.6)	25 (53.0)	0.08
Having a current main partner	61 (40.0)	30 (32.9)	31 (48.7)	0.13
Condom use at last sex, n=105	63 (62.5)	32 (60.4)	31 (64.8)	0.81
Index concurrency, n=109	26 (27.5)	20 (39.0)	6 (15.2)	0.03 *

	Total (N = 132)	High sexual validation (n=65)	Low Sexual validation (n=65)	p-value
Ever arrested [^]	N (%) 44 (39.3)	N (%) 20 (37.4)	N (%) 23 (41.2)	0.74
Criminal justice involvement [^]	29 (29.2)	12 (27.3)	16 (30.8)	0.76
Marijuana use past 6 months, n=131	58 (47.0)	38 (59.7)	20 (35.3)	0.03 [*]
Alcohol use past 6 months [^] , n=131	93 (65.3)	52 (77.0)	40 (53.1)	0.03 [*]

^a education of maternal, paternal, other guardian

[^] 1 participant missing data on sexual validation

^{*} $p < 0.05$

Table 3

Unadjusted and adjusted association between criminal justice involvement, sexual validation and concurrency

	Unadjusted model	Adjusted model [#]	Fully adjusted model [^]
	Concurrency	Concurrency	Concurrency
Sexual validation	1.10 (1.04,1.16) *	1.11 (1.04,1.18) *	1.14 (1.04,1.26) *
Criminal Justice Involvement	3.69 (1.12, 12.1) *	4.29 (1.17,15.8) *	1.04 (0.20,5.33)
Race			27.1 (5.37,136.8) *
Age			1.14 (0.82,1.58)
HS drop-out			2.29 (0.22,24.2)
Marijuana use			11.1 (2.04,60.3) *
Alcohol use			2.71 (0.48,15.2)
Depressive symptoms			0.43 (0.11,1.68)

[#] Association between criminal justice involvement and concurrency adjusted for sexual validation[^] Association between criminal justice involvement and concurrency adjusted for sexual validation, race, age, high school drop-out marijuana use, alcohol use, and depressive symptoms*
p < 0.05

Table 4

Association between criminal justice involvement and concurrency, stratified by high/low sexual validation (N=130)

	Unadjusted (N = 130)	High Sexual Validation (N = 65)	Low Sexual Validation (N = 65)
Criminal justice involvement	3.69 (1.12, 12.1) *	9.18 (1.73, 48.58) *	1.53 (0.23,10.3)

*
p < 0.05

Table 5

Bivariate associations between criminal justice involvement and sexual validation with concurrency, stratified by race (N=130)

	Unadjusted (N = 130)	African American Youth (N = 79)	White (N = 51)
Sexual validation	1.10 (1.04, 1.16) *	1.12 (1.04, 1.20) *	1.25 (1.05, 1.48) *
Criminal justice involvement	3.69 (1.12, 12.1) *	4.51 (1.20, 16.9) *	0.33 (0.03, 3.79)

*
p < 0.05